
Special Power of Attorney
(School/Medical)
DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552a)

AUTHORITY 5 U.S.C. Section 301.

PRINCIPAL PURPOSE(S): Special Power of Attorney is necessary for to appoint in fact to effect school/medical transactions.

ROUTINE USE(S): Information may be disclosed to SJA personnel and to individual's lawful attorney in fact to perform acts with third parties.

DISCLOSURE: Voluntary. Power of Attorney documents cannot be prepared without all requested information.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, the undersigned, _____SSN _____, legal resident of _____, United States of America, have made, constituted and appoint _____ my true and lawful attorney to acts as follows: that is to say:

GIVING AND GRANTING unto my attorney full power:

To register for school, sign report cards and leave permits and all other documents, papers, and report necessary for school purposes.

To authorize any and all medical, dental, and hospital care and treatment, whether licensed physician or dentist for the health and well being of my child(ren):

NAME(S)

AGES

FURTHER, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present.

AND I HEREBY DECLARE that any act or thing lawfully done hereunder by my attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns:

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and designation attorney in fact.

I further declare that this power shall remain in effect even though I am reported of listed, officially or otherwise, as missing, missing in action, or prisoner of war, it being my intention that the designation of such status shall not bar my said attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power of attorney is revoked by my death or as otherwise provided herein. Additionally, my being carried in any of the aforementioned military status shall not constitute notice of my death sufficient to revoke this instrument.

Further, this power of attorney shall in full force and effect until the occurrence of the first of the following circumstances: (1) my death; (2) the death of my said attorney; (3) revocation of this power of attorney by me; or (4) until _____

IN WITNESS THEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this _____.

(GRANTOR'S SIGNATURE)

STATE: _____

COUNTY: _____

I, the undersigned, do hereby certify that I am a duly commissioned, and authorized notary public in and for the state of Maryland; and that the grantor in the foregoing Power of Attorney, who is personally well known to me, appeared before me this day within the territorial limits of my authority and executed said instrument after the content thereof had been read and duty explained to him/her. And acknowledge that the execution of said instrument by him/her was free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hands and affixed my official seal this _____ day of _____, _____.

(NOTARY SIGNATURE)

(Notary typed / printed / stamped name)

MY COMMISSION EXPIRES: